

The literature of medical ethics: Bernard Häring

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To the general reader and watcher of television programmes medical ethics may appear to be something new. This is not so, for hundreds of articles and many books have appeared over the last 10 years or so to discuss and analyse the problems arising from the practice of medicine. In this study of two larger works – Medical Ethics and Manipulation – both by Bernard Häring, a Roman Catholic theologian – Father Brendan Soane analyses these in some detail and sets their ideas in the context of what has already been written on the major issues of medical ethics and what is likely to be foremost in discussion in the near future. Many readers of this Journal already have the particular background of knowledge to see the problems in medicine which are in fact ethical but the general reader may require help and enlightenment and this is now provided for a special field within the field.

Bernard Häring is probably the best known writer on moral theology (Christian ethics) in the Roman Catholic Church. He is a priest belonging to a religious congregation known popularly as the Redemptorists. He is a lecturer at the Accademia Alfonsiana, a college for graduate studies in moral theology in Rome, and a visiting professor of the Joseph and Rose Kennedy Institute for the Study of Human Reproduction and Bioethics. He has written numerous books, of which two are of particular interest to students of medical ethics. These are *Medical Ethics*¹ and *Manipulation*². The aim of this paper is to explain the criteria of right and wrong which the author employs in these works. I will begin by saying a word about the books.

Medical Ethics is concerned with the ethics of medical practice. It covers the whole field of medicine, and views its subject matter from the point of view of the Christian faith. *Manipulation*, which has the subtitle *Ethical Boundaries of Medical Behavioural and Genetic Manipulation*, is more limited in its scope. The word 'manipulation' denotes a wide variety of activities. It can be used of manufacture, whether literally by hand, or by machine; or it can be used, by analogy, of the

activities by which men act upon each other. Sometimes these activities are undoubtedly morally good: for example, most forms of surgery, but at other times they are morally doubtful, or, as in the case with torture and brainwashing, certainly wrong. Advances in biology, medicine and psychology have increased the range of manipulative activities which are possible now or which might become possible in the future. Häring's study concentrates on manipulation in this field in an effort to determine the criteria of right and wrong both in general and in particular cases.

Summary of Häring's theory

I will begin by summarizing Häring's theory. The aim of medicine is to restore man's ability to function as man where there is dysfunction. The aim of beneficial manipulation is to improve man's ability to function, eg, by improving human intelligence by genetic engineering, if that is possible. But man is a particular type of creature and what is a suitable goal for medicine or for manipulation can only be determined when we know man thoroughly from every relevant point of view, ie, when we can give as full as possible an answer to the question, 'What is man?' Häring claims that the answer to that question will be given by many sciences, including the science of theology.

What is man?

Basic to Häring's moral theory is his understanding of what it is to be human. It is his belief that only a multidisciplinary study can answer the question 'what is man?'. He writes: 'It is on the great question of "what is man?" that the moral theologian joins in dialogue with the behavioural sciences and with medicine.'³

The biggest obstacle to a complete understanding of man is, he believes, reductionism. Reductionism implies any way of thinking which limits the understanding of man to one part of his nature. For example, to discuss man while denying any reality to free will or spiritual values is to distort him. This is why in *Manipulation* he is severely critical of the American behavioural psychologist B F Skinner.⁴

³*Medical Ethics*, p 6.

⁴Burrhus Frederic Skinner is the author of several books including: *Walden Two* (New York, Macmillan, 1953); *Beyond Freedom and Dignity* (New York, Knopf, 1971); *About Behaviourism* (New York, Knopf, 1974).

¹*Medical Ethics*. Bernard Häring, St Paul Publications, Slough. 1972.

²*Manipulation*. Bernard Häring, St Paul Publications, Slough. 1975.

Here is how he sums up Skinner's ideology:

'Skinner is a radical environmentalist. He believes that all human actions are nothing else than the results of the individual's environment. Since the environment does condition man, he wants to produce man as an inevitable product of an ideal environment.'⁵

'Skinner and his most ardent followers frankly confess their belief that freedom is nothing else than an illusion, and that man has to be freed from this illusion.'⁶

In his attempt to sketch a description of what it is to be human Häring indicates that many disciplines have a contribution to make. The contribution of the Christian Church is through the science of theology. It would be impossible in a short article to describe in any detail the contribution of theology to an understanding of man so I will content myself with three examples. First, the doctrine about heaven: this teaches that the ultimate goal of human activity is not within the bounds of this life or of history. While avoiding any tendency to under-rate the importance of earthly tasks and realities, human activity must be viewed in a wider perspective, *sub specie aeternitatis*. Secondly, the doctrines of sin and the redemption: these alert us to the fact that many human troubles, whether individual or communal, have their origin in rebellion against the Creator. Likewise the merciful forgiveness of God brings man healing, and the fullest understanding of the meaning of healing in medicine sees it in relation to the total healing of the person and of society, a total healing which has a religious dimension. Thirdly, any hesitation about man's right to intervene in the order of nature is dispelled by a right Christian understanding of the relative autonomy of earthly realities in relation to the transcendence of God, and of the role of man in creation as lord of creation under the universal lordship of God. Thus our understanding of man and his place in the scheme of things is influenced by Christian doctrine and our attitudes towards men will be influenced in their turn. At present, fields in which the Christian doctrine is particularly significant include the debate over the morality of abortion and over the care of the dying and incurably sick.

An understanding of man must also take account of philosophy. Häring himself acknowledges his debt to a number of different schools of philosophy. Among the most important of these is the Aristotelian-Thomist tradition, whose greatest exponents were, as the name implies, Aristotle and St Thomas Aquinas. This tradition emphasizes the rationality of man, his consciousness, his ability to reflect on himself and his behaviour and his ability to communicate in symbols. There is also the Platonic tradition, named after Plato, with its emphasis on love as characteristic of man. There is

the personalist tradition whose greatest exponents include Ferdinand Ebner and Martin Buber.⁷ This tradition emphasizes that man is a person endowed with autonomy, responsibility and the task of shaping his own personality. It studies man as a being who can best be understood as a person in dialogue with other persons, divine and human. Finally there is that strand of modern philosophy which stresses the distinction of the world of culture from the world of nature and sees the need for man to be a wise steward of nature, for it is the material out of which culture is fashioned.

When it comes to medicine, while of course he acknowledges our need to learn from all studies in medicine, he shows a preference for what he calls the 'anthropological medicine' of such men as V von Gebtsattel and Viktor Weizsaecker.⁸ This school, rather than confine its attention to the body of man, tries to see him in the round, as a person. In particular, in psychology he owes a debt to Victor Frankl, Erich Fromm, Abraham Maslow, Gordon Allport and Erik Erikson.

In the past we had little knowledge of the bodily basis of such 'spiritual' aspects of our nature as reason, will, religious sentiment, emotional life and so on. Häring acknowledges that modern medicine has greatly increased our understanding in this area.

The concept of health

Once we understand what man is we can begin to understand the aims of medicine. I said at the beginning of this article that the aim of medicine is to restore man's ability to function as man. When we know what a man is we can know how he should live, how he should function. Then we can see what medical treatment must aim at. Usually medicine would claim that it aims at health. But what we are going to call 'health' depends on a correct account of human functioning. To understand Häring's ethical criteria it is necessary to know what he means by health. To explain this I would like to digress for a while. I shall discuss the concept of normality. The aim of mental health practice is to achieve normality. But what is normality? In the light of the discussion of normality we can best understand Häring's concept of health.

According to Daniel Offer and Melvin Sabshin,⁹ in mental health there are four functional perspectives on normality. There is no general agreement as

⁷Representative works would be: M Buber, *Schriften über das dialogische Prinzip*, Heidelberg, 1954; *Schriften zur Philosophie*, München, 1962. F Ebner, *Das Wort und die geistigen Realitäten*, Regensburg, 1921.

⁸Representatives works are: V von Gebtsattel, *Christentum und Humanismus* (Stuttgart, 1960). Viktor Weizsaecker, *Disseits und jenseits der Medizin* (Stuttgart, 1951).

⁹Daniel Offer and Melvin Sabshin, *Normality; Theoretical and Clinical Concepts of Mental Health*. Basic Books Inc New York and London, 1966.

⁵*Manipulation*, p 112.

⁶*Manipulation*, pp 113, 114.

to what normality is. The four are:

1) Normality as health 'includes the traditional medical-psychiatric approach which equates normality with health and views health as an almost universal phenomenon'.¹⁰ In other words you are normal and healthy if you are not obviously ill, if you can function reasonably well in normal life. (The word 'health' is not used here in the sense understood by Häring, as we shall see.)

2) Normality as utopia, 'which is best typified by psychoanalysis, conceives normality as that harmonious and optimal blending of the diverse elements of the mental apparatus that culminates in optimal functioning, or "self-actualization"'.¹¹ Carl Rogers and Abraham Maslow work in this perspective.

3) Normality as average 'is commonly employed in normative studies of behaviour. This approach is based on the mathematical principle of the bell-shaped curve and its applicability to physical, psychological and sociological data'¹², that is, extremes of any characteristic are abnormal; only the middle range is normal.

4) Normality as process 'states that normality is the end result of interacting systems that change over time. In contrast to proponents of the other three perspectives, those who advocate this position insist that normality be viewed from a standpoint of temporal progression',¹³ that is, what is normal in one time and place may be abnormal in another.

We can attempt to illustrate these perspectives in diagrammatic form (see fig. 1).

I am unable to illustrate the fourth perspective in diagram form because of the temporal dimension.

A person who is normal according to one of these perspectives on mental health may be abnormal according to the others.

Häring's definition of health corresponds to the second functional perspective on normality, which, in the light of the influence on his thought of psychologists such as Maslow and Frankl, is not surprising. This is his definition:

'A comprehensive understanding of human health includes the greatest possible harmony of all man's forces and energies, the greatest possible spiritualization of man's bodily aspect and the finest embodiment of the spiritual. True health is revealed in the self-actualization of the person who has attained that freedom which marshals all available energies for the fulfilment of his total human vocation'.¹⁴

This is a utopian definition: note the use of superlatives and the incorporation of the concept of self-actualization into the definition. Note also that health is defined in terms of man's total vocation, a vocation which can only be understood by a multi-disciplinary study which includes theology and philosophy. The definition probably goes beyond that which the average general practitioner employs consciously in his day-to-day practice. Without denying the obligation to get the best out of ourselves, I think that it is arguable that the doctor who attempted fully to implement this definition in his practice would have to conclude that everyone was always more or less unhealthy, and would have to include spiritual direction and counselling in his repertoire of skills. In fact the definition takes us beyond the range of what is usually understood to be medical practice. But a doctor could work with a more limited definition while not denying the truths implicit in Häring's. What this definition excludes is a reductionism which ignores such vital aspects of health as the relationship of physical well-being to the meaning and purpose of life.

The definition is a holistic one, ie, it considers man in the round, in the light of his vocation to live in community with God and others, and to play his part in the life of mankind, both in the family and outside it 'in openness to the other and to the community'.¹⁵

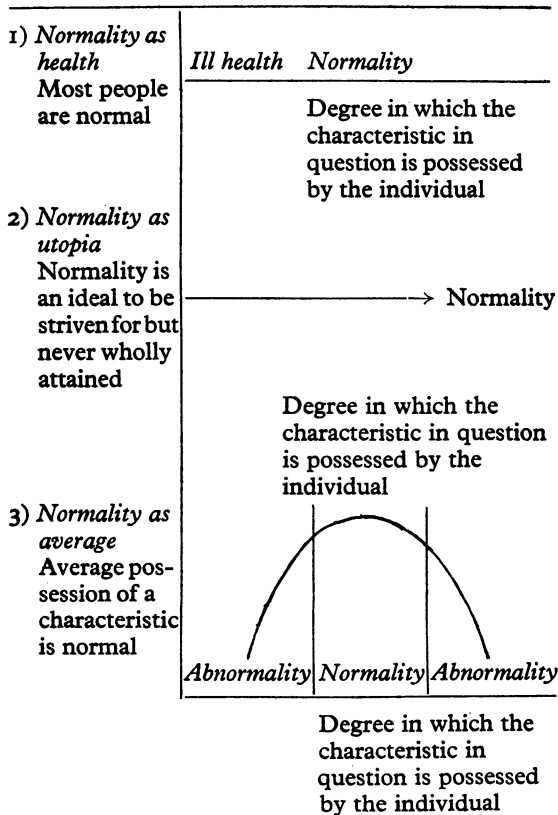


FIG 1

¹⁰*op cit* p 98.

¹¹*op cit* p 102.

¹²*op cit* p 105.

¹³*op cit* p 108.

¹⁴*Medical Ethics*, p 154.

¹⁵*Manipulation*, p 56

Therapy

One's understanding of health governs one's understanding of the goals of therapy, so if one accepts a utopian definition of health one will also adopt a utopian goal for therapy. In *Medical Ethics* Häring is somewhat ambiguous about the definition of illness: 'The definition of illness follows that of health. Sickness as a diminution of efficiency and a dysfunction of organs is a deviation from the anatomic-physiological norm'.¹⁶

He does not say what he means by norm here. The context of the quotation suggests that he uses the word 'illness' in accordance with common usage. But when he discusses therapy his point of view is utopian: 'My approach is . . . based on a broader concept of health as wholeness and would define healing as aiming chiefly for wholeness'.¹⁷

We must interpret this in a holistic perspective. That it can have important practical implications can be seen in the context of the debate about contraception within the Catholic Church. The papal encyclical letter *Humanae Vitae*¹⁸ (*Of Human Life*) (Papal encyclicals are known by their first two words in the Latin) taught that it is immoral to use anovulant pills to prevent conception by inducing a temporary sterilization. Whatever the merits of that judgment, it did allow the use of therapeutic means necessary to treat diseases of the organism even though an impediment to procreation should result therefrom. The author of the encyclical probably meant that they could only be used to suspend ovulation when some physical dysfunction made this necessary. The sterilizing effect would be considered to be an unsought secondary effect. Häring interprets the teaching in the light of his own understanding of therapy: 'As to the method itself, the physician will judge according to the general concept of therapy, that is, in view of the best possible service to the person's health'.¹⁹

He goes on to explain that he refers to the total concept of health, embracing the overall wellbeing of the human person, in his capacity to reciprocate genuine love and fulfil the vocation of spouse or parent. Häring's concept of health leads to an interpretation which would allow the use of contraceptives if they seemed to be the best means to enable a couple to fulfil their total vocation not just if they were necessary to cure some physical dysfunction. So, if an attempt to practice periodic abstinence as a means of regulating births were to turn a woman into a bundle of nerves, Häring would advise the use of contraception. For a devout Catholic determined to adhere to the papal teaching this interpretation could make a lot of difference.

¹⁶*Medical Ethics*, p 157

¹⁷*Manipulation*, p 57.

¹⁸In English translation *The Regulation of Birth*, Catholic Truth Society, London 1968, Do 411.

¹⁹*Medical Ethics*, p 88.

The principle of totality

The history of moral theology is a long one and theologians have had to cope with many questions which are now buried in the past. In the process they have developed a number of conceptual tools. One such is the principle of totality. This was framed to help people to decide when a surgical intervention is licit. A recent formulation of the principle is given by George Lobo S J: 'Any treatment, including mutilation, is licit if it is necessary for the saving or the wellbeing of the whole individual organism'.²⁰ Interpreted restrictively this definition would not permit surgery to alleviate anything other than a physical complaint. For example, it would permit the removal of a cancerous ovary, but would not permit the sterilization of a woman who wished to limit her family. The principle was interpreted restrictively at first. But more recently it was reinterpreted to allow mutilation for the spiritual wellbeing of the individual. An example of this would be kidney transplants among the living. The more restrictive interpretation could not permit these because surgical intervention was not aimed at the cure of any complaint of the donor's. The wider interpretation would allow the donor to give his kidney for his spiritual advancement. If all this seems a little odd it might be worth pointing out that the principle would exclude compulsory sterilization for the wellbeing of the nation. The totality in question is the totality of the person, however this is conceived, not of society. There is a point in trying to discern the limits of what is licit. In any case Häring extends the concept of totality from physical and spiritual wellbeing to the wellbeing of the whole person. Thus he writes with reference to genetic manipulation:

'The main criterion is the principle of totality – not a totality of mere organic functions but a perspective of wholeness that considers the total vocation of the human person. It is not just a question of the meaning of the bodily organism; the most urgent issues relate to the meaning of an integral human life in response to man's earthly and eternal values'.²¹

Thus any attempt to alter man's gene structure should be done with an eye to the ultimate purposes of life. If it were possible, for example, to produce a race of strong labourers, who were unable to communicate intelligently (see *Brave New World* by Aldous Huxley) this would be immoral.

George Lobo criticizes Häring's interpretation. He claims that it makes the principle of totality a purely formal principle, ie, it does not tell us what is or is not licit. What does, in fact, serve man's total vocation? The principle does not tell us. Häring would probably reply that a study of man from a

²⁰George V Lobo, S J, *Current Problems in Medical Ethics* St Paul Publications, Allahabad, 1974, p 33.

²¹*Medical Ethics*, p 62.

multidisciplinary point of view would answer that question.

In accordance with this interpretation of the principle Häring will permit sterilization if it is the only way of ensuring the wellbeing of the person, if, for example, there should not be another child and no method of birth regulation will work. Thus, contrary to the opinion of some in the Catholic Church he would allow surgical intervention to meet a problem which is of social or psychological rather than physical origin.

Biology and moral norms

It has always been difficult for men to know how they are to know the will of God in cases where nothing seems to be revealed in the scriptures. One tradition, possibly under the influence originally of a pantheistic stoic philosophy, sought to discover the will of God in the ordinary workings of nature. Thus the laws of biology were thought to be in some way normative for morality. In this tradition we can put the following quotation from Edwin Healy: 'The faculties and powers of man must be used according to the purpose for which they were evidently intended by nature and in the manner evidently intended by nature'.²²

The implications of this can be seen in the field of sexual ethics. The sexual organs were supposed to be evidently intended by nature for procreation. Therefore to use them in any way which excluded procreation would be considered immoral. This would rule out contraception; masturbation, even for fertility tests; artificial insemination, except assisted insemination; all oral, anal and homosexual acts, and bestiality. Without ignoring other reasons which are given within the Catholic tradition for condemning all or some of those acts, it is important to note the force of this principle and its implications. When it comes to a consideration of genetic manipulation and the suggestion that we might alter the human genetic make up, the principle would seem, at least *prima facie*, to rule it out. Man should remain, it would seem, as God made him.

As might be expected from his understanding of the principle of totality, Häring rejects the suggestion that biological laws can be normative in morality. He writes: 'The biological nature of man as a partial aspect of his being does not bear any definitive normative character. It can never set an intangible limit but it does, very often, have an indicative character'.²³

This means that the norm governing behaviour is what is reasonable to enable persons to fulfil their total vocation, not what is biologically normal. In the light of this Häring rejects the traditional

Catholic teaching that the only means which may ever be licit for the regulation of births is either total abstinence or the observance of biological rhythms, whatever hardship these may cause in particular cases. He further rejects the teaching that artificial insemination by husband (artificial insemination by donor he condemns for other reasons) is to be condemned because it is a departure from normal sexual intercourse. His opinion is that in the cases in question the limit to what is licit is set by the requirement that, in marriage, the unity between love and procreation be retained, in the sense that marriage be a generous procreative union. It is this requirement which excludes insemination by donor, artificially or naturally, and which would exclude a deliberately childless marriage for no very good reason. That the biological nature of man has an indicative character implies that medicine would usually imitate biological laws and bring them to full function wherever possible. But this is not always possible where the requirements of total health are the goal. Hence the justification of artificial insemination or contraception in certain cases. But the use of the infertile period would be preferred to contraception and contraception to sterilization.

I said above that the quotation from Edwin Healy would seem to exclude beneficial genetic manipulation on the grounds that it would appear to go beyond the Creator's design for human nature. Häring points out that a full understanding of human nature, which goes beyond the merely physical, includes the rational aspect of human nature. This implies that it is natural to share experience and to undertake continual research and reflection together with others. Man experiments and even experiments on himself. He is not bound to every detail of his present biological make up. He can use his reason to adjust it. He writes:

'Experimentation belongs more and more visibly to the very nature of man, and this is particularly true with respect to medicine in either treatment or prophylaxis. Historicity, that is, being by becoming and becoming by being in the great stream of human history, does indicate a direction of meaning and of values. However, not all that man has today and not even all that constitutes his direction is already written in his existence as we now find it. Not everything has to be determined once and forever.

'No concept of human nature is adequate without special attention to planning and foresight in view of man's great goals, of time-bound opportunities and attendant dangers'.²⁴

So it is in the nature of man to consider his whole vocation and to seek the best means of achieving it, even if this means altering the genetic code. The biology of man as we find it does not provide an absolute norm for therapy. This leads then to the possibility of discussing manipulation.

²²Edwin Healy, S J, *Medical Ethics*, Loyola University Press, Chicago, 1956, p 11.

²³*Medical Ethics*, p 56.

²⁴*Medical Ethics*, pp 56/7.

Manipulation

Häring distinguishes two forms of manipulation in the field of medicine. He says manipulation 'may refer in one case to an aggressive and somewhat irresponsible shaping or reshaping of man, and in another, to a beneficial shaping of the given "material" of man's biological self or his psychic determinism'.²⁵

The criterion of right and wrong in manipulation is one of the main theories of the book *Manipulation*. In this work Häring's interests go beyond the goals of therapy which, however utopian a definition of health is adopted, does denote correction of dysfunction. Manipulation (unless the word is used in a pejorative sense) implies improvement.

In *Medical Ethics* Häring observes that changes in the environment are changing the biosomatic and psychosomatic nature of man whether we like it or not. Recalling the doctrine that man, as image of God, is the representative of God over the material creation, he suggests that conscious planned change is licit and preferable to unplanned change. He advocates 'wise piloting'. However, there are bounds set, not only by limited knowledge and techniques, but also by man's dignity and freedom. He writes: 'Man must use his creative capacities only in dependance on God, that is, in a spirit of responsibility for history and for his vocation as a person in community'.²⁶

He says that the main criterion is the principle of totality as defined above. Totality embraces 'the dignity and wellbeing of man as a person in all his essential relationships to God, to his fellow men and to the world around him'.²⁷

He emphasizes that the totality in question is the person in his essential relationships; not the society or the isolated individual. The former of these interpretations would be collectivistic, with all the dangers of that type of political ideal for human freedom, while the latter would be individualistic, with a consequent failure to do justice to the rights and duties of persons in society.

Freedom and dignity

Whereas in his *Medical Ethics* the emphasis in the discussion of criteria for manipulation is on totality, in *Manipulation* Häring places the emphasis on freedom and dignity. This is a difference of emphasis rather than a choice of a different criterion. Whether we are considering what goals we can aim at in manipulation, or what means we may use, we must take account of human freedom and dignity. This is the main theme of *Manipulation*.

'The final concern and criterion in discussing manipulation is freedom'.²⁸

²⁵ *Medical Ethics*, p 59.

²⁶ *Medical Ethics*, p 61.

²⁷ *Medical Ethics*, p 62.

²⁸ *Manipulation*, p 50.

and

'It is my thesis that he (man) has to interpret his stewardship in the light of his noblest vocation. In that interpretation, he can interfere with and manipulate the functions of his *bios* and *psyche* in so far as this does not degrade him or diminish his own or his fellow man's dignity and freedom. Not only nature around him, but his own natural being – his biological, psychological reality – calls for his free stewardship, his creative cooperation with the divine artist'.²⁹

Häring does not define freedom, but he seems to mean autonomy. Not the absolute autonomy which would deny any divine or human authority, but an autonomy which is lived in submission to the will of God. He writes: 'He (man) must not allow anyone to manipulate him in his inner sanctuary, his conscience, his self-interpretation, and his reaching out for meaning and for significant personal relationships'.³⁰

He adds: 'The fundamental condition for being truly free . . . is our repose before God'.³¹

To attempt to explain the apparent paradox of a freedom which can at the same time be a submission would take us far beyond our present purpose. In any case we should note that, where men respect God, they should respect other men as children of God.

Häring places a high value on human consciousness and self determination. He thinks that certain forms of psychiatry, instead of aiming at human freedom, can make a person dependent on the psychiatrist or impose the psychiatrist's own materialistic or reductionist ideology on the patient. This is a harmful form of manipulation. Likewise some techniques of behaviour therapy, by attempting to bypass free choice, can diminish freedom, and are therefore unworthy of human dignity. Without excluding operant conditioning where it is necessary he favours self education wherever possible, because it enables the person to enlarge the area of his free control of his unconscious processes. The reductionism of such as B F Skinner, because it denies human freedom, is a threat to freedom. Evidently the criterion of freedom and dignity has important implications where there is a question of behaviour modification, whether for individuals or populations, and where the question of the choice of means arises. But it is necessary to understand what is meant by human freedom and the conditions which favour it. Such knowledge can only be acquired by a multidisciplinary study.

A teleological approach

There are two principal types of ethics. Deontological ethics looks to values, duties and rights. Teleological ethics looks to the goal to be reached and

²⁹ *Manipulation*, p 70.

³⁰ *Manipulation*, p 50.

³¹ *Manipulation*, p 50.

the means which naturally favour the attainment of the goal. Both types of ethics are useful in determining criteria. A teleological perspective would begin from the belief that human beings seek happiness. It would try to identify what happiness is and what are its conditions. Here also a multidisciplinary approach is needed. Häring writes: 'Only by forming the best possible concept of man's vocation and acquiring an adequate knowledge of his inner dynamics can we come to an understanding of the nature and quality of that happiness which can give us orientation in our ethical decisions.'³²

Häring mentions two sources which will be useful in this context, psychology and the gospel. The psychology of the existential psychologists teaches us that man has, as part of his intrinsic structure, basic needs that orientate him towards self actualization, integration, psychological health, creativity and productivity. Reflection on these needs and the order in which they must be satisfied, while bearing in mind the difficulty of distinguishing the genuine need from the selfish and false, does reveal something of the goals of manipulation and the means to be employed.

However, it can happen that the satisfaction of a need could clash with some duty owed to others. In this case, he teaches, preference must be given to the most valuable and urgent, both for our own self actualization and the self actualization of the community in justice and peace. This is in the spirit of Aristotle, who taught that, although philosophy might be more excellent than eating, it would be better to feed a starving man than to teach him philosophy. Even a desire to travel in order to broaden one's horizons might have to yield to a duty to stay at home and support one's family: 'No right and no duty is absolute when it militates against higher or equally high rights and duties to oneself or to others and to society'.³³

A teleological account of the type described is not enough by itself to enable us to determine ethical criteria. He writes: 'A more teleological consideration that does not take into account the complexity of human nature, human history, and the frequent situations of conflict, is not complete. Yet we do not renounce a teleological vision of man as an ethical being, being in becoming more humane'.³⁴

He gives a list of the more important values which have to be considered as principal ends in a teleological vision, and which are also criteria which should govern means of beneficial manipulation. Any means which makes the attainment of these ends more difficult should not be used. I will quote a few items from the list: 'Man's noble vocation and his innermost nature include certain capacities that have constantly to be developed: to reciprocate love, to relate to other persons and communities ...;

to adore, to admire, to revere and to contemplate ...; to treasure up experience and shared reflection ...; to develop the sense of freedom in solidarity ...; to shape the world to be most expressive of and conducive to freedom and fidelity', justice, love, dialogue and mutual respect'.³⁵

But the teleological approach alone is not enough. The discussion of what makes man happy and of how best we should behave towards one another, including the attitudes the scientist should take towards those he manipulates beneficially, has much to learn also from the gospels. Häring writes: 'Christ's life and death and his teaching find a synthesis in the sermon on the mount, specifically the beatitudes. They manifest better than anything else the dynamics of growth in freedom and in commitment to the liberation of all people and, at the same time, the dynamics of happiness'.³⁶

The beatitudes teach us what qualities we should have if we are to become happy and, at the same time, they teach us the attitude we should have to one another.

The discriminating person

It is not sufficient to draw up lists of ethical criteria which could be consulted like a book of rules. Choices of goals and means will be made best by people who have made the criteria their own, who have internalized them.

'Those whose fundamental option is for freedom and respect for all people attain a connatural sense of the good that helps them to interiorize the objective criteria. This connaturality with the scale of values makes the right choices easy for them'.³⁷

In other words, the good man, because goodness is natural to him, makes good choices as a matter of course.

Final comment

Häring's moral theory appears to me to be in line with the best traditions in moral theology. It is not in agreement with some moral theologians in its assessment of the place of biological norms in ethics and its interpretation of the principle of totality. This is why Häring's views are often more lenient in particular instances than those of the teaching authorities in Rome. However, many theologians share Häring's approach to ethical dilemmas. Of course the more rigorous approach can be leniently interpreted in practice by appeal to such principles as that of the lesser evil, which would prescribe that in a conflict of values, where each course which is open is bad, the lesser evil is to be preferred. Likewise there is the general pastoral principle that

³² *Manipulation*, pp 73, 74

³³ *Manipulation*, p 77.

³⁴ *Manipulation*, p 77.

³⁵ *Manipulation*, pp 77, 78.

³⁶ *Manipulation*, p 79.

³⁷ *Manipulation*, p 82.

people should regard moral law as a guide pointing to good living and hence to what is to be aimed at, rather than a code, to be adhered to rigorously, even when the attempt to do so is damaging. However, despite this, Häring's theory seems to be better founded than the other.

There are one or two aspects of Häring's theory which could profitably be discussed further. The first concerns the nature of medicine. Accepting that it must be holistic, one wonders if a utopian definition of health does not extend the aims of medicine beyond what could reasonably be considered to be the scope of medicine. Further, Häring draws some aspects of his understanding of

man from existential psychology. One might question whether the picture of the mature, self-actualized man which is drawn by this school is the product of scientific judgment, or is it influenced by value judgments which would be made differently in other cultures? For example, would a Zen Buddhist agree with the picture?

The value of a theory can only be tested in practice. Häring's theory does not pretend to offer an easy solution to concrete problems. It aims only to offer an orientation, a number of considerations which the person who has to decide should bear in mind. I think that what it offers is sound and workable.